

NOTICE OF MANAGEMENT CHANGE

Section 231, Sale and Supply of Alcohol Act 2012

Name of Licensed Premises: _____

Licensee: _____ Licence Number: _____

Address of Licensed Premises: _____

Contact Phone: (_____) _____ Contact Fax: () _____

What are you notifying? (Please tick and complete the applicable box below **and all details above**)

☐ **New Certificate Holding Manager**

Full Name: _____ Effective from: _____ / _____ /20 _____

Certificate Number: _____ Certificate Expiry Date: _____

☐ **Temporary Manager** (see 231, Sale and Supply of Alcohol Act 2012)

Full Name: _____ Date of Birth: _____ / _____ / _____

Effective from: _____ / _____ /20 _____ to _____ / _____ /20 _____

Residential Address: _____

Who are they replacing: _____ Certificate Number: _____

Reason: _____

Note that a temporary manager must apply for a manager's certificate within two working days of their appointment

☐ **Acting Manager** (see 231, Sale and Supply of Alcohol Act 2012)

Full Name: _____ Date of Birth: _____ / _____ / _____

Effective from: _____ / _____ /20 _____ to _____ / _____ /20 _____

Residential Address: _____

Who are they replacing: _____ Certificate Number: _____

Reason: _____

☐ **Termination / Cancellation of Manager Appointment**

Full Name: _____ Effective from: _____ / _____ /20 _____

Certificate Number: _____ Certificate Expiry Date: _____

Forward a copy of this completed form, within two working days of the appointment (or termination), to:

The Secretary
Selwyn District Licensing Committee
C/- Food & Health Standards (2006) Ltd
PO Box 7469, Sydenham
CHRISTCHURCH

Email: office@foodandhealth.co.nz

or Fax: 03 365 1567

New Zealand Police
PO Box 2109
CHRISTCHURCH

Email: AlcoholCanterbury@police.govt.nz

Signature of licensee: _____ Date: _____

Name: _____ Position (director, partner etc): _____